

03500.015304.

PATENT APPLICATION

#15/c
9/18/03
Hurler



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Bradley W. Baumeister
MASANORI OGURA, ET AL.)
: Group Art Unit: 2815
Application No.: 09/837,210)
: Filed: April 19, 2001)
: For: SOLID-STATE IMAGING)
DEVICE : September 18, 2003

Commissioner for Patents
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 18, 2003, Applicants respectfully request that the above-identified application be amended as follows. The claim amendments are reflected in the listing that begins at page 2. The remarks begin at page 8.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 18, 2003

(Date of Deposit)

Peter G. Thurlow Reg. No. 47,138

(Name of Attorney for Applicants)

Peter G. Thurlow

Signature

September 18, 2003

Date of Signature



In re Application of:

Docket No. 03500.015304

MASANORI OGURA, ET AL.

Application No.: 09/837,210

Examiner: Bradley W. Baumeister

Filed: April 19, 2001

Group Art Unit: 2815

For: SOLID-STATE IMAGING DEVICE

Date: September 18, 2003

THE COMMISSIONER FOR PATENTS

Mail Stop Non-Fee Amendment

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 40	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

RECEIVED
SEP 23 2003
TECHNOLOGY CENTER 2800

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter G. Thuy/nw
Attorney for Applicants

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
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